

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		10-17
O.I.P.E. CLASSIFIER			11-1-01
FORMALITY REVIEW	TB	5c 1108	11-15-01
RESPONSE FORMALITY REVIEW	78	1127	12-21-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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829  
 11/15  
 617  
 12-21-01